Image# 28935171042 FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)								
Dr. Charles Boustany, Jr.								
(b) Address (number and street)		C	s changed	Identification Number				
PO Box 80125					H4LA070)29		
(c) City, State and ZIP Code					3. Is This	nt X New		Amended
Lafayette		LA	70598-		Statemer	(14)	OR	(A)
4. Party Affiliation	5. Office So	ught			strict of Candi	date		
REPUBLICAN PARTY	House			LA 07				
DI	SIGNATIO	ON OF PRIN	NCIPAL CA	AMPAIGN (COMMITTI	EE		
7. I hereby designate the following name	d political com	mittee as my Pr	incipal Campa	ign Committee		2010 (year of election	_ election	on(s).
NOTE:This designation should be	filed with the	appropriate of	fice listed in t	he instruction	s.			
(a) Name of Committee (in full)								
Charles Boustany JR MD for	Congress INC	;						
(b) Address (number and street)								
PO Box 80126								
(c) City, State and ZIP Code								
Lafayette		LA	70	598-0126				
DE	SIGNATIO	N OF OTH	IER AUTH	ORIZED C	OMMITTE	ES		
		(Including Joi	nt Fundraisin	g Representa	tives)			
Note: This designation should be (a) Name of Committee (in full)					tee, to receive a	and expend fund	ds on be	nalf of my
(b) Address (number and street)								
(c) City, State and ZIP Code								
DECLARATION OF	INTENT T	O EXPEND	PERSON	AL FUNDS	6 (House o	r Senate O	nly)	
9. I intend to expend personal funds exc	eeding the thre	shold amount (see 11 C.F.R.	400.9) by				
	9A			0.00	for the prim	nary election, a	ınd	
	9B			0.00	for the gen	eral election.		
If you do not intend to expend personal f	unds exceedin	g the threshold	amount for eith	er election, yo	u must enter "0	0.00" for each.		
I certify that I have ex	amined this S	tatement and t	o the best of i	my knowledge	e and belief it i	is true, correc	t, and c	omplete.
Signature of Candidate					Date			
Dr. Charles Boustany, Jr.					12/10/2008			
NOTE: Submission of false, erroneo	us or incomple	ete information	may subject	the person sig	gning this Stat	tement to pena	alties of 2	2 U.S.C.§437g.

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